



UNIQUE WELL I D NUMBER A B R 4 1 8
X Y Z 1 2 3

WELL TAGGING FORM

Date of Field Visit 8/6/94 By E HUNT, WGTN

ADDITIONAL WELL IDENTIFIERS

Department of Health System ID Number 909768 Source Number SO 1

USGS Site Identification _____

RECORD VERIFICATION

- ☒ Well Report available (please attach)
☐ Well Report not available
☐ Verification inconclusive

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name VALLEY HIGH MOBILE PART

Street address 7208 700 AVE E #107

City PAK HARBOR State WASH

LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address _____

City _____ County _____

T _____ N R _____ WM Sec _____ 1/4 of the _____ 4

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

- ☐ GPS (raw data)
☐ GPS (corrected)
☐ Topographic Map
☐ Survey
☐ Computer generated
☐ Other _____

☐ Digital Altimeter
☐ Topographic Map
☐ Other _____

Additional information if available

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

Water Right # _____ Priority Date _____

Circle one Application Permit Certificate Claim Exempt

WELL CHARACTERISTICS

Physical Description of Well (size of casing type of well housing etc) _____

Location of Well Identification Tag _____

Was Supplemental Tag needed for ease of identifying well?

☒ NO

☐ YES

If yes where was tag placed? ON WELL HEAD

Scale 1 24 000 (1" = 2 000')

D	C	B	A
+	+	+	
E	F	G	H
+	+	+	
M	L	K	J
+	+	+	
N	P	Q	R

Indicate the location of the well within the Section by drawing a dot at that point

SECTION _____

COMMENTS _____